SEC	TION 3-	INFORM	ATIC	ON ABOUT Y	OUR	MEDICAL REC	ORDS,	continued		
				HOSPITA	,L/C	LINIC				
2. NAME						PHONE () - (phone number)				
ADDRESS					PATIENT ID # (if known) NEXT APPOINTMENT					
CITY		STATE		ZIP -		What doctor(s) do you regularly see here?				
TYPE OF VISIT	DATES (within the la		ast 12 months)		REASON FOR VISIT(S)		TREATMENT RECEIVED		
Inpatient Stays	Date In		Date Out				g and a second			
(stayed at least overnight)										
						EARON FOR LECT	T/E\	TREATMENT RECEIVE	ĒD.	
Outpatient Visits (sent home the same day)	First Visit		Last Visit		R	EASON FOR VISI	1(3)			
	Date(s) of Visit(s)				R	EASON FOR VIS	T(S)	TREATMENT RECEIVE	ED	
Emergency Room Visits					• .					
3. NAME						PHONE	(area cod) – e) (phone number)		
ADDRESS	godenna silva ilikula apogla ^{della silv} a ili			net-regisfereded er en en en en	et nykonské v na med	PATIENT ID#		NEXT APPOINTMEN	NT.	
CITY		STATE	ATE ZIP			What doctor(s) do you regularly see here?				
TYPE OF VISIT			ne last 12 months)		R	REASON FOR VISIT(S)		TREATMENT RECEIVED		
Inpatient Stays	Date In			Date Out						
(stayed at least overnight)										
Outpatient Visits (sent home the	Firs	t Visit	Last Visit		F	REASON FOR VISIT(S)		TREATMENT RECEIV	ED	
same day)	Poly(a) (NT-Wa)					EACON FOR YES	eit/e\	TREATMENT RECEIV	ED	
Emergency Room	Date(s) of Visit(s)			ાપ્ક)	<u> </u>	REASON FOR VIS	n1(0)	COMPANIES OF THE PROPERTY OF T		
Visits					ļ					
1	1				L			<u> </u>		

If you need more space, use SECTION 10 - REMARKS.